

DO/EO BIBLIOGRAPHIC DATA ENTRY

|                              |                   |                           |                      |
|------------------------------|-------------------|---------------------------|----------------------|
| SERIAL NUMBER:               | 09 / 786828       | RECEIPT DATE:             | 03 / 09 / 01         |
| IA NUMBER:                   | PCT/ US99 / 20519 | IA FILING DATE:           | 09 / 08 / 99         |
| FAMILY NAME:                 | JORDAN            | DELAY WAIVED (Y/N):       | N                    |
| GIVEN NAME:                  | OMAR              | DEMAND RECEIVED (Y/N):    | Y                    |
| PRIORITY CLAIMED (Y/N):      | Y                 | PRIORITY DATE:            | 09 / 09 / 98         |
| NO BASIC FEE (Y/N):          | N                 | US DESIGNATED ONLY (Y/N): | N                    |
| ATTORNEY DOCKET NUMBER:      | 33400             | COUNTRY:                  |                      |
| CORRESPONDENCE NAME/ADDRESS: | CUSTOMER NUMBER:  | 000000                    | TELEPHONE 0000000000 |
|                              |                   |                           | FAX                  |

NAME: JOHN P MURTAUGH

STREET: 526 SUPERIOR AVENUE EAST SUITE 1200

CITY: CLEVELAND

STATE/COUNTRY: OH ZIP: 441141484

EMAIL:

APPLICATION TITLES:

SAFETY HARNESS WITH INTEGRAL SUPPORT LINE

TAB TO LAST POSITION,PUSH SEND



Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6554

|   |   |                               |   |                                     |                                |
|---|---|-------------------------------|---|-------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/786,828  | <b>FILING DATE</b><br>07/27/2001<br><b>RULE</b>   | <b>CLASS</b><br>002           | <b>GROUP ART UNIT</b><br>3765   | <b>ATTORNEY DOCKET NO.</b><br>33400 |                                |
| <b>APPLICANTS</b><br>Omar P. Jordan, Twinsburg, OH;   |   |                               |   |                                     |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US99/20519 09/08/1999<br>which is a CON of 09/149,945 09/09/1998 PAT 5,970,517<br>and claims benefit of 60/116,818 01/21/1999   |   |                               |   |                                     |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><div style="text-align: right; font-family: cursive;">SMALL ENTITY</div>  |   |                               |   |                                     |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>OH | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>30           | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>000116  |   |                               |   |                                     |                                |
| <b>TITLE</b><br>Safety harness with integral support line   |   |                               |   |                                     |                                |
| <b>FILING FEE RECEIVED</b><br>540   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |                                |